

**Supplement to Program Announcement #99004
for Prevention of Perinatal Transmission of HIV**

A. Purpose

The purpose of this supplement is to fund eligible State and city health departments to enhance programs for maximally reducing perinatal transmission of HIV.

B. Background

Between 1994 and 1998, the provision of antiretroviral therapies during the perinatal period resulted in substantial decreases in mother-to-child transmission of HIV from 20-25% to 5-10% . Despite this important success in HIV prevention, there are still groups of women and infants in the United States who do not benefit from antiretroviral therapy.

Studies have indicated that not all providers are offering HIV testing to all their prenatal patients. A CDC study found that one of the major reasons for women not accepting testing was that they did not perceive that their provider thought it was important. It has also been shown that private providers are less likely to offer HIV counseling and testing than are public setting providers. The Institute of Medicine's (IOM) recent report recommended that prenatal HIV testing be universal among pregnant women and become a routine part of prenatal care recommended by all providers.

A cascade of services must take place to assure the lowest risk of perinatal HIV transmission. Missed opportunities at any point may increase the risk of transmission. The cascade of services needed to reduce perinatal transmission includes:

- C prenatal care,
- C education about the importance of HIV testing,
- C voluntary HIV testing,
- C for those who test positive, post-test counseling and zidovudine (ZDV) to reduce perinatal transmission,
- C antiretrovirals for the benefit of the women's own health,
- C other HIV-related prevention and care services during the perinatal period, and
- C avoidance of breast-feeding to prevent HIV transmission to infants.

Women who may not be accessing these services include, among others, those who are substance abusing, incarcerated, undocumented, non-English speaking, uninsured, homeless, teens, and those who are unaware of or in denial about their risk for being HIV-infected. The infants of these mothers also are not receiving services and may include additionally those who are orphaned and abandoned.

C. Goals

While the cascade of services described above should be available for all pregnant women, this supplemental program announcement provides funding primarily to support targeted efforts to reach pregnant women at high risk for HIV. The goals are as follows:

- C To ensure that pregnant women and their healthcare providers discuss the importance of HIV testing during pregnancy;
- C To make voluntary HIV testing available to pregnant women, especially those at high risk for HIV, whenever and wherever they access the medical care system;
- C To ensure that pregnant women infected with or at high risk for HIV infection receive appropriate prenatal care; and
- C To ensure that HIV-infected women and HIV-exposed infants have access to appropriate prevention interventions to reduce perinatal HIV transmission, and that HIV-infected women have access to appropriate treatment services.

D. Eligible Applicants

The eligible applicants for these supplemental funds are current recipients of HIV prevention cooperative agreements under Program Announcement 99004 that meet either of the following two criteria:

- C Have Survey of Childbearing Women seroprevalence rates in 1994 of greater than or equal to 2.0/1000 ;
- Or
- C Have reported at least 150 cases of perinatally acquired AIDS by June 1998.

Based on these criteria, the following State and directly funded city health departments are eligible: California; Chicago, IL; Connecticut; Delaware; District of Columbia; Florida; Georgia; Houston, TX; Illinois; Los Angeles, CA;

Louisiana; Maryland; Massachusetts; New Jersey; New York City, NY; New York; Philadelphia, PA; Pennsylvania; Puerto Rico; San Francisco, CA; South Carolina; and Texas.

For the five States in which there is a CDC directly funded city (these cities are Chicago, Houston, Los Angeles, New York, Philadelphia, and San Francisco), the application must be developed and submitted by a coalition of the State and directly funded city health department(s) to ensure continuity of services. Either the State or directly funded city health department may submit the application, but only one application may be submitted from California, Illinois, New York, Pennsylvania, and Texas. Proof of formal collaboration between the State and city is required in the application from these jurisdictions.

E. Availability of Funds

Approximately \$6.3 million is available to supplement current awards for HIV prevention in the 16 jurisdictions listed above. It is expected that awards will begin on or about September 30, 1999, and will be made for a six month budget period within a project period of up to four and one half years.

Awards are anticipated to range from \$100,000 to \$1,000,000, with an average award of \$400,000.

Funding estimates may change based on the availability of funds. Continuation awards within an approved project period will be made on the basis of availability of funds and satisfactory progress toward achieving objectives as determined by progress reports submitted by the applicant and site visits conducted by CDC representatives.

F. Use of Funds

Funds provided under this announcement must support activities directly related to primary HIV prevention. No funds will be provided for direct patient medical care (including medical treatment or medications) or research, except in the case of programs that are designed to enhance rapid testing during labor or in the immediate newborn period. These funds may not be used to supplant or duplicate existing funding.

G. Program Requirements

In conducting activities to achieve the purpose of this

program, the recipient will be responsible for the activities under 1. below; CDC will be responsible for activities under 2. below.

1. Recipient Activities:

- a. Collect and review surveillance, epidemiologic, behavioral, and other available data to identify successes of, and missed opportunities for, perinatal prevention activities and highlight populations of mothers and infants where prevention opportunities are being missed.
- b. Offer community-level interventions such as social marketing campaigns to better inform pregnant women, especially those at high risk for HIV, of the importance of prenatal care and HIV counseling and testing.
- c. Assist medical care institutions in initiating and sustaining institutional-based interventions such as: (1) assuring that policies are developed and in place for the routine voluntary counseling and testing of all pregnant women and the provision of or referral for treatment of HIV-positive pregnant women, (2) assisting institutions in developing and implementing a plan for rapid testing of women or their infants who do not present for care until labor/delivery, (3) other relevant activities.
- d. Provide education and outreach to pregnant women, especially those at high risk for HIV, to increase the number who (1) obtain prenatal care and (2) know their own and their infants HIV status and receive appropriate HIV prevention, treatment, and care services.
- e. Conduct provider education, training, and technical assistance to increase the number of providers who offer (1) HIV testing to all pregnant patients and HIV-exposed infants, (2) appropriate treatment and care services to HIV-infected pregnant women (e.g., zidovudine to reduce perinatal transmission; antiretrovirals for the benefit of the woman's own health; other HIV-related prevention and care services during the perinatal period; and avoidance of breast-feeding to prevent HIV transmission to infants), and (3) appropriate prevention services for

- pregnant women who test negative but may be at high risk for HIV infection.
- f. Make information available for referrals for case management of HIV-infected pregnant women to assist them in accessing needed prevention, treatment, and care services.
 - g. Provide prevention case management for pregnant women at high risk for HIV to assist them in understanding their risk for HIV and in accessing prevention services to reduce their risk.
 - h. Link with systems and services that provide access to or services for pregnant women at risk for HIV, such as hospitals, Medicaid, managed care systems, substance abuse prevention and treatment programs, correctional facilities, maternal and child health programs, WIC programs, STD and TB diagnosis and treatment services.
 - i. Analyze all reported cases of perinatal transmission to identify possible causes, such as (1) inadequate provision of perinatal counseling and testing in accordance with CDC guidelines; or (2) inadequate provision or utilization of appropriate therapy or failure of such therapy to reduce perinatal transmission because (a) therapy is not available, accessible, or offered to mothers, (b) available therapy is offered but not accepted by mothers, or (c) other factors. Use this information to modify services, if necessary.
 - j. Incorporate cultural competency and linguistic and developmental appropriateness into all program activities and prevention messages.
 - k. Coordinate program activities with relevant national, regional, State, and local HIV prevention programs to strengthen the perinatal HIV prevention program and prevent duplication of efforts. Some of the organizations and agencies with which it is important to coordinate include the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), maternal and child health programs, and corrections agencies.
 - l. Provide quality assurance and training to assure

that delivery of HIV prevention services is consistent and delivered in accordance with established standards. Feedback from client satisfaction surveys should be used routinely as a factor in assessing the services provided.

- m. Develop and implement an evaluation plan that includes strategies for implementing (1) process evaluation and outcome monitoring of interventions to determine if objectives are being achieved and (2) evaluation of the overall impact of the program on reduction of perinatal transmissions. The recipient should work directly with the HIV/AIDS surveillance program to monitor and evaluate program activities.

Specific outcomes related to reducing perinatal transmission that might be evaluated include :

- C utilization of prenatal care,
- C HIV testing rates among women and their infants,
- C access and adherence to ZDV for the purpose of reducing perinatal transmission during prepartum, intrapartum & postpartum periods,
- C access to antiretrovirals during the perinatal period for the HIV-infected women's own health care,
- C utilization of HIV-related services during the perinatal period, and
- C postnatal breast-feeding rates among HIV-infected women.

- n. Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

CDC's National Prevention Information Network (NPIN) maintains a collection of HIV, STD and TB resources for use by organizations and the public. Successful applicants may be contacted by NPIN to obtain information on program resources for use in referrals and resource

directories. Also, grantees should send three copies of all educational materials and resources developed under this grant for inclusion in NPIN's databases. Grantees should assure that all materials have been reviewed by CDC staff to ensure accuracy and consistency with program policies and objectives identified in this announcement.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. For further information on NPIN services and resources, contact NPIN at 1-800-458-5231 (TTY users: 1-800-243-7012). NPIN's web site is www.cdcnpin.org/; the fax number is 1-888-282-7681.

2. CDC Activities

- a. Provide consultation and technical assistance in planning, implementing, and evaluating prevention activities. CDC may provide consultation and technical assistance both directly and indirectly through prevention partners such as health departments, national and regional minority organizations (NRMOS), contractors, and other national organizations, such as the Association of Child and Maternal Health Programs (ACMHP), American Academy of Pediatrics (AAP), and American College of Obstetrics and Gynecology (ACOG).
- b. Provide up-to-date scientific information on risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.
- c. Assist in the design and implementation of program evaluation activities.
- d. Assist recipients in collaborating with other federally supported HIV/AIDS programs.
- e. Facilitate the transfer of successful prevention interventions, program models, and "lessons learned" through convening meetings of grantees, workshops, conferences, newsletters, use of the Internet, and communications with project officers. Also facilitate exchange of program information and technical assistance among

- community organizations, health departments, and national and regional organizations.
- f. Monitor the recipient's performance of program activities and compliance with other requirements.
 - g. Conduct an overall, national evaluation of the activities supported by this supplement to the cooperative agreement program.

H. Application Content

Use the information in the Program Requirements, Other Requirements, and Application Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 32 double-spaced pages (not including the budget or attachments).

Number each page clearly, and provide a complete Table of Contents to the application and its appendices. Please begin each separate section of the application on a new page. Submit the original and each copy of the application set unstapled and unbound. Print all material with unreduced 12 CPI font on 8-1/2" by 11" paper, with at least 1" margins, headings and footers, printed on one side only. Materials which should be part of the basic narrative will not be accepted if placed in the appendices.

In developing the application, follow the format and instructions below:

Format

- 1. Abstract
- 2. Assessment of Need and Justification for Proposed Activities
- 3. Long-term Goals
- 4. Program Plan
- 5. Program Evaluation Plan
- 6. Training and Technical Assistance Plan
- 7. Budget and Staffing Breakdown and Justification
- 8. Attachments

Instructions

- 1. **Abstract** (not to exceed 2 pages): Briefly summarize the program for which funds are requested. Include

the following:

- a. the need for the proposed activities;
- b. long-term goals;
- c. proposed plan of operation, including the populations to be served, activities to be undertaken, and services to be provided; and
- d. plans for evaluating the activities of this project.

2. Assessment of Need and Justification for Proposed Activities (not to exceed 6 pages):

- a. Describe the current HIV epidemic in women, pregnant women, and infants, including perinatally exposed and infected infants, in your State or local area. Applicants must work closely with coordinators of State and local HIV/AIDS surveillance programs and other programs with relevant sources of data to obtain needed information. Please include (if available) data on use of prenatal care by HIV-infected women, timing of maternal HIV testing (before pregnancy, during pregnancy, after birth); and use of ZDV by mothers and infants to reduce perinatal transmission.
- b. Characterize women and children who have not received timely perinatal prevention interventions in your area, such as pregnant women who did not receive prenatal care or HIV testing prior to delivery, or women and children who did not receive ZDV. Coordinate with HIV/AIDS surveillance, maternal and child health programs, and substance abuse prevention programs to collect appropriate data.
- c. Describe HIV prevention and other relevant services currently available to reduce perinatal transmission of HIV and to address the needs of the HIV-infected pregnant women in your jurisdiction. Describe current coordination efforts with substance abuse, maternal and child health, and any other relevant programs providing services to high-risk pregnant women. Describe additional services that are needed to achieve the goals of this supplemental program but that are not currently available to the target populations. This should include

- services for women and their infants and for healthcare providers working with HIV-infected pregnant women.
- d. Describe how your proposed interventions complement ongoing HIV prevention activities.
 - e. Explain any specific barriers to the implementation of your proposed interventions and how you will overcome these barriers.
3. **Long-term Goals** (not to exceed 2 pages): Describe the broad perinatal HIV prevention goals that your proposed interventions aim to achieve by the end of the project period (4½ years).
4. **Program Plan** (not to exceed 12 pages): Use this section to describe the specific characteristics of your proposed interventions.
- a. **Target Population:** Describe the target populations to whom your services will be directed. Target populations should include pregnant women, their infants, and their healthcare providers, and should be based on the epidemiologic data described above in the **assessment of needs** section. Describe how the target populations are, or will be, involved in planning, implementing, and evaluating activities and services throughout the project period.
 - b. **Plan of Operation:**
 - (1) Describe in detail the specific activities to be conducted or services to be provided to pregnant women and healthcare providers to achieve the goals proposed in this application. Provide information on where these activities or services will take place. Make certain that your proposal addresses the required activities. Describe how new activities will be integrated with existing activities.
 - (2) Describe your staffing plan and the responsibilities each staff position will have in conducting the proposed activities. If some of your proposed activities will be done by subcontractors or collaborating institutions or organizations, describe the respective roles and responsibilities of your organization and each of the

collaborating entities in performing the proposed activities.

- c. **Intervention Objectives:** Develop process objectives that are specific, measurable, appropriate, realistic, and time-based. Process objectives should define the projected amount, frequency, and duration of the intervention activities and the number and characteristics of the target populations to be served.
 - d. **Appropriateness of Interventions:** Describe how you will ensure that the proposed interventions and services are culturally competent; developmentally, educationally, and linguistically appropriate; and targeted to the needs of the target populations.
 - e. **Collaborations, Linkages, and Coordination:**
 - (1) Describe any formal collaborations with service groups or organizations that will be used in the development and implementation of your program. Describe the respective roles and responsibilities of each collaborating entity in developing and implementing the program .
 - (2) Specify any organizations and agencies with which you will establish linkages and coordinate activities and describe the activities that will be coordinated with each listed organization. Coordination efforts should include, at a minimum, consultation with maternal and child health, substance abuse, and HIV/AIDS surveillance programs.
 - (3) Describe how referrals to other service providers will be initiated.
 - f. **Time line:** Provide a Time line that identifies major implementation steps and assigns approximate dates for the inception and completion of each.
5. **Program Evaluation Plan** (not to exceed 6 pages):
Provide an evaluation plan that describes when and how evaluation activities will be implemented. The plan should outline strategies for implementing (a) process evaluation and outcome monitoring of interventions to determine if the process objectives are being achieved and (b) evaluation of the overall

impact of the program on reduction of perinatal transmission.

Your evaluation plan should include the following:

- a. A list of resources available to the organization to carry out evaluation (e.g., health department staff, data experts to design a system for managing information about proposed interventions, evaluation consultants).
- b. A list of who will be involved in implementing the evaluation, their roles, and a description of who will collect, report, enter, and analyze service utilization data.
- c. A description of the service utilization data that will be collected.
- d. Discuss how service utilization data will be collected, managed, and monitored over time. Address ways to collect, report, enter, and analyze data as well as how you would use data for program improvement. Describe how often data will be collected. Discuss how data security will be maintained and client confidentiality assured.
- e. Discuss how you will assess the performance of staff to ensure that they are providing information and services accurately and effectively.
- f. Plans for evaluating the overall impact of the program should include identifying outcome indicators that measure the cascade of services for the targeted populations. Specific outcomes related to reducing perinatal transmission that might be evaluated include:
 - C utilization of prenatal care,
 - C HIV testing rates among women and their infants,
 - C access to ZDV for the purpose of reducing perinatal transmission during prepartum, intrapartum and postpartum periods,
 - C access to antiretrovirals during the perinatal period for the HIV-infected women's own health care,
 - C utilization of HIV-related services during the perinatal period, and
 - C postnatal breast-feeding rates among HIV-infected women.

- g. In addition, there should be an ongoing evaluation of potential missed opportunities such as determining the reasons for an infant becoming infected or a provider not offering HIV testing to a pregnant woman.

Work directly with the HIV/AIDS surveillance program to determine overall impact of the program.

6. **Training and Technical Assistance Plan:** (not to exceed 4 pages) Describe areas in which you anticipate that you will need technical assistance and how you will obtain this technical assistance. Describe anticipated staff training needs related to the proposed program and how these needs will be met.
7. **Budget/Staffing Breakdown and Justification:**
- a. **Detailed Budget:** Provide a detailed budget, with accompanying justification of all operating expenses that is consistent with the stated objectives and planned activities. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

For contracts, name the contractor, if known; describe the services to be performed which justifies the use of a contractor; provide a breakdown of and justification for the estimated costs of the contracts; the period of performance; the method of selection; and method of monitoring the contract.

- b. **Staffing Plan:** Provide a job description for each position specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities funded through this cooperative agreement. If the identity of any **key** personnel who will fill a position is known, her or his name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are

involved in the project provide job descriptions.

8. Attachments

- a. A list of all collaborating or coordinating entities and memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative or coordinating relationships. Memoranda of agreement should specifically describe the proposed collaborative or coordinating activities. Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place. Collaborations with maternal and child health, substance abuse, and HIV/AIDS surveillance programs are essential.
- b. A list of major community resources and health care providers to which referrals will be made;
- c. Protocols to guide and document training, activities, services, and referrals.
- d. Samples of data collection tools that will be used in performing, monitoring, or evaluating program activities, if available.
- e. A description of funds received from any source to conduct similar programs targeting the population proposed in the program plan. This summary must include: (1) the name of the sponsoring organization/source of income, amount of funding, a description of how the funds have been used, and the budget period; (2) a summary of the objectives and activities of the funded programs; and (3) an assurance that the funds being requested will not duplicate or supplant funds received from any source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

NOTE: Materials submitted as attachments should be printed on one side of 8 1/2x11 paper. Please do not attach bound materials such as booklets or pamphlets. Rather, submit copies of the materials printed on one side of 8 1/2x11 paper. Bound materials may not be

reviewed.

I. Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are in the application kit.

On or before July 30, 1999, submit the application to:

Kevin G. Moore, Senior Grants Management Specialist
Grants Management Branch, Procurement and Grants
Office
Announcement 99004 - Perinatal Supplement
Centers for Disease Control and Prevention
2920 Brandywine Road, Room 3000
Atlanta, Georgia 30341-4142

Deadline: Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or
2. Sent on or before the deadline date and received in time for the Objective Review (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications that do not meet these criteria are considered late and will be returned to the applicant.

J. Evaluation Criteria

Each application will be evaluated based on its merits by an independent review group appointed by CDC using the criteria listed below.

1. **Abstract (not scored)**
2. **Assessment of Need and Justification for the Proposed Activities (15 points)**
 - a. The extent to which the applicant soundly and convincingly documents a substantial need for the proposed program and activities;
 - a. The degree to which the additional services

- proposed in this application are likely to achieve the goals of this program
- b. The degree to which the proposed activities are consistent with the Recipient Activities described in the Program Requirements Section.
3. **Long-term Goals (10 points)** The quality of the applicant's stated goals and the extent to which they are consistent with the purpose of this supplement, as described in this program announcement.
4. **Program Plan (38 total points)**
- a. **Target population** (5 points) The appropriateness of the target populations and the degree to which the target populations will be involved in planning, implementing, and evaluating activities and services throughout the project period.
 - b. **Plan of Operation** (15 points) The quality of the applicant's plan for conducting program activities, and the potential effectiveness of the proposed activities in meeting objectives.
 - c. **Intervention Objectives** (5 points) Degree to which the proposed process objectives are specific, measurable, appropriate, realistic, and time-based, related to the proposed activities, and consistent with the program's long-term goals.
 - d. **Appropriateness of Interventions:** (5 points) The degree to which the applicant describes how the proposed priority interventions and services are culturally competent, developmentally appropriate, linguistically-specific, and educationally appropriate.
 - e. **Collaborations, Linkages, and Coordination** (5 points) Appropriateness of collaboration and coordination with other organizations serving the same priority populations. At minimum, the applicant provides a description of the collaboration or coordination and a signed memorandum of agreement for each agency with which collaborative activities are proposed, and other evidence of collaboration that describe previous, current, as well as future areas of collaboration.
 - f. **Time line:** (3 points) The extent to which the

applicant's proposed Time line is specific and realistic.

5. **Program Evaluation Plan (30 points)** The potential of the evaluation plan to describe when and how evaluation activities will be implemented by the applicant; the extent to which the evaluation plan is realistic and feasible, taking into account the applicant's unique needs, resources, capabilities, and priorities; and the extent to which a plan has been created that will guide the collection of data for improving HIV prevention efforts and informing stakeholders of the progress made in HIV prevention.
6. **Training and Technical Assistance Plan (7 points)** The degree to which the applicant describes training and technical assistance needs and the feasibility of the plan to meet the identified needs.
7. **Budget and Staffing Breakdown and Justification (not scored)**
 - a. **Budget** Appropriateness of the budget for the proposed project.
 - b. **Personnel** Appropriateness of the staffing pattern for the proposed project.

K. Where to Obtain Additional Information

For programmatic assistance please contact:

Mary Willingham

Community Assistance, Planning, and National Partnerships
Branch, Division of HIV/AIDS Prevention (DHAP)

Telephone: 404-639-5214; Email MMW2@CDC.GOV

OR

Ken Dominguez

Epidemiology Branch, DHAP

Telephone 404-639-6129, Email KLD0@CDC.GOV

For grants administration, budgetary, regulatory or
compliance related guidance, please contact:

Kevin Moore

Procurement & Grants Office (PGO), Grants Management
Branch

Telephone: 770-488-2737; Email kgml@cdc.gov